



# LAKE STEVENS POLICE DEPARTMENT

## INCIDENT STATEMENT FORM – CONTINUATION PAGE

CASE NUMBER:

NON-DISCLOSURE ☐

NAME (LAST, FIRST, MIDDLE)

STATEMENT:

I CERTIFY (OR DECLARE) UNDER PENALTY OF PERJURY UNDER THE STATE OF WASHINGTON THAT THE FOREGOING IS TRUE AND CORRECT

SIGNATURE:

DATE SIGNED:

OFFICER/NUMBER:

DATE SIGNED:

OUR MISSION STATEMENT: "WE BELIEVE THAT PRESERVING LIFE, ENSURING JUSTICE AND GUARDING DEMOCRACY ARE VITAL TO A SAFE, HEALTHY, AND PROSPEROUS COMMUNITY"

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